

# Caddo Nation Tribal Enrollment

P.O. Box 487  
Binger, Oklahoma 73009  
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Tribal Enrollment Fax: (405)656-2551  
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## FOR DEPARTMENT USE ONLY:

Roll #: \_\_\_\_\_ Blood Degree: \_\_\_\_\_  
M.O. / C.C. #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ ☐ First Time Card is Free

## REQUEST FORM

### Item(s) Requested: (Please Check ☒)

- ☐ C.D.I.B – Certificate of Indian Blood (Tribal Verification)
- ☐ Membership Paper Card
- ☐ Membership Card with Photo
- ☐ Tribal I.D. Card with Photo (OK State Certified-Secondary I.D.)
- ☐ Hunting & Fishing License (WCD Tribal Lands only)
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Other: \_\_\_\_\_

### Type of Update: (Please Check ☒)

- ☐ Address Change - Update
- ☐ Name Change
- (Is Legal Documentation Attached)
- ☐ Yes ☐ No - Document: \_\_\_\_\_

**\*\*We cannot release information on a tribal member 18 years or older, they need to fill out their own request form.  
We will need a Copy of Identification for Verification to release any information.\*\***

PERSON MAKING REQUEST: \_\_\_\_\_  
☐ Self ☐ Relationship to Minor: \_\_\_\_\_

NAME OF TRIBAL MEMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TRIBAL ROLL NUMBER: **806A00** \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Message

CURRENT MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURPOSE FOR WHICH ITEM IS REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A VETERAN? ☐ YES ☐ NO \*BRANCH: \_\_\_\_\_ YEAR: \_\_\_\_\_

ARE YOU A REGISTERED TRIBAL VOTER: ☐ YES ☐ NO \*DISTRICT: \_\_\_\_\_

**WOULD YOU LIKE FOR THE ENROLLMENT DEPT. TO SHARE YOUR CURRENT MAILING ADDRESS WITH OTHER CADDO TRIBAL PROGRAMS: (Check Box)**

☐ Tribal Newsletter ☐ Election Board ☐ Other Program: \_\_\_\_\_

☐ **NO, PLEASE DO NOT SHARE ANY OF MY INFORMATION.**

PLEASE SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_